

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
<i>Granville</i>	SR. NO.	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <i>Total of 4</i>	NUMBER OF OCCUPANTS:	
	APPLICANT: <i>Jeff Boldizer</i>		WATER SUPPLY	WELL ☒ PUBLIC ☐	
APPLICANT'S NAME & ADDRESS:		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	<i>REPAIR upgrade</i>	*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USES CHANGE FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
PROPERTY ADDRESS/LOCATION: <i>3584 Creekstone Key</i>		DESIGN FLOW:	<i>126</i>		
SUBDIVISION: <i>Preserve</i>		LTAR:	<i>0.3</i>		
LOT NUMBER: <i>50</i>		ABSORPTION AREA:	<i>400'±</i>		*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USES CHANGE FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
REFERENCE SKETCH (SEE PLAT FOR DETAILS):		TRENCH WIDTH:	<i>3'</i>		
<i>Install line on contour</i>		TRENCH DEPTH:	<i>18"±</i>		
		TRENCH SPACING:	<i>9'</i>		
		TOTAL TRENCH LENGTH:	<i>100' accept</i>		
		NUMBER OF TRENCHES:	<i>1</i>		
		GRAVEL DEPTH:	<i>accept.</i>		
		TANK SIZE:	<i>Exist</i>		PERMIT VALID FOR: 5 YEARS ☒ YES ☐ NO
		PUMP TANK SIZE:	<i>Exist</i>		NO EXPIRATION YES ☒ NO ☐
		DISTRIBUTION DEVICE:	<i>Exist</i>		

IMPROVEMENT PERMIT

 DATE: *8/11/2016*

 FOR: *Jeff Boldizer*
 ISSUED BY: *Walter D. Vaughan*

 CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# *8743*

 Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirements.
 (The wastewater system cannot be installed until authorization is signed)

Comments:

 Date: *8/11/2016* Environmental Health Specialist: *Walter D. Vaughan*

 Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE:

SYSTEM INSTALLED BY:

ISSUED BY:

PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION
AS REQUIRED BY RULE .1961

Permit Number _____

☐ Construction Authorization

Baldizer

Priserve 50

Subdivision – Section – Lot

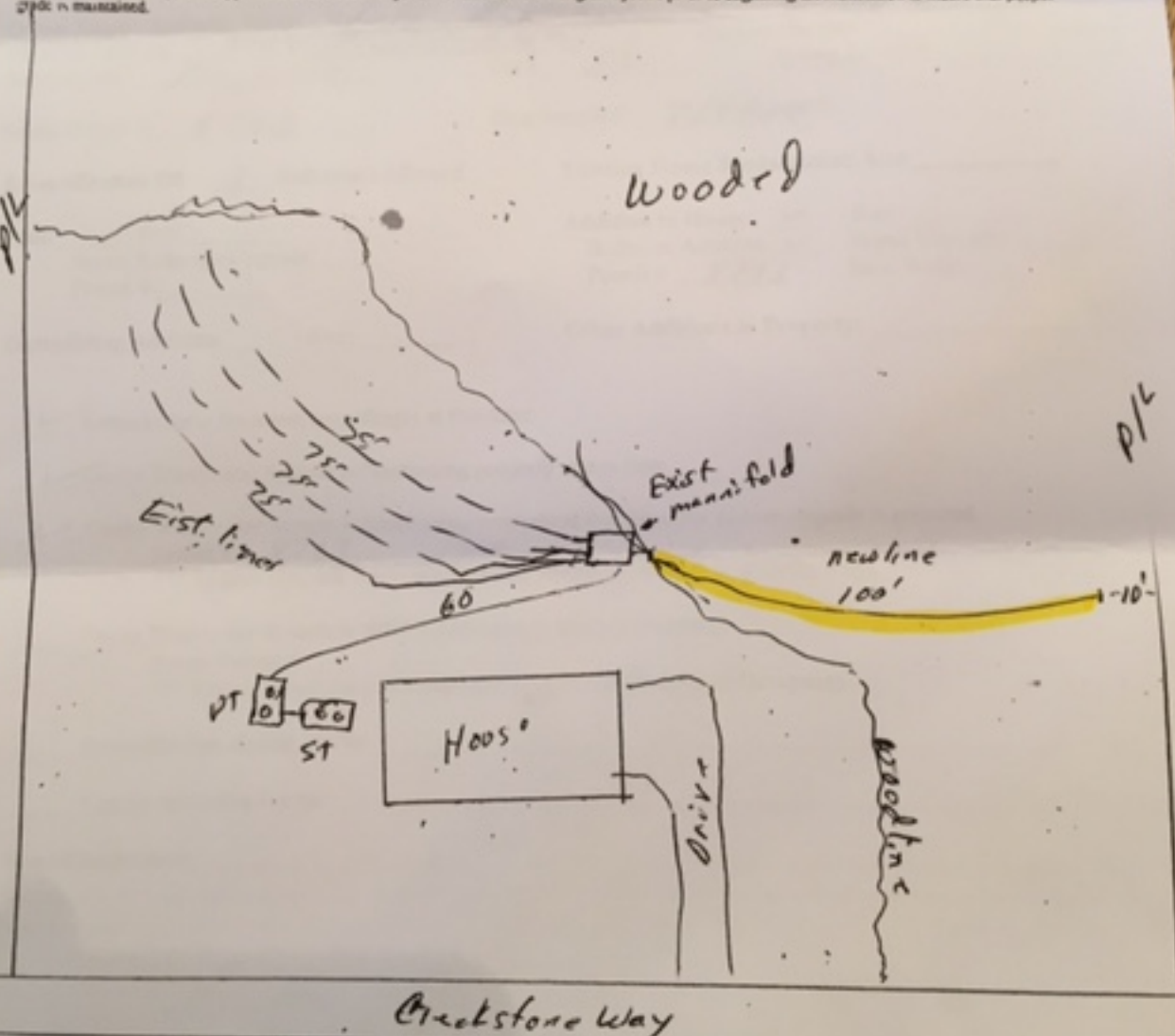
Walt P. Venz
Authorized State Agent

Authorized State Agent

8/11/2016

Date _____

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.





Granville-Vance District Health Department

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Oxford, North Carolina 27565



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101 Hunt Drive
Oxford, NC 27565
Phone: (919) 693-2688
Fax: 919-690-0106

Vance County Health Dept.
115 Charles Rollins Road
Henderson, NC 27536
Phone: (252) 492-7915
Fax: (252) 492-4219

Recertification of an Existing On-Site System and Well

Owner Name / Applicant Name: Jeff Beldizer Date: 8-11-2016
Physical Address: 3584 Creekstone Way Contact Number: _____
Subdivision: Preserve Lot # 50 Zoning Permit # _____
Septic Permit #: 6242 Date Installed: 7/8/2007
Recertification Of: 3 Bedrooms Allowed Existing House Replacement: Size: _____
Pool: _____ - Size: _____ Addition to House: ☒ - Size: _____
Septic Redesign/Upgrade: _____ Bedroom Addition ☒ Septic Upgrade: _____
Permit # _____ Permit # 8773 New Well: _____
Outbuilding Addition: _____ - Size: _____ Other Additions to Property: _____

☒ Setbacks have been met accordingly at this time.

☒ Onsite Wastewater System is functioning properly at this time.

☒ Onsite Wastewater System is functioning properly at this time, but system upgrade is required.

Permit #: 8773

*** System Upgrade must be completed prior to Certification of Occupancy.

Onsite Wastewater System is **NOT** functioning properly at this time.

Repair Permit #: _____

*** System repair must be completed prior to Certification of Occupancy.

Recertification denied, due to: _____

Cannot determine due to: _____

Special Instructions: _____

Walter J. Hahn

Signature of REHS

8/11/2016

Date